



Regular Meeting Agenda
 February 7 & 8, 2013
 450 West State Street
 7th Floor Conference Room
 Boise Idaho 83702
 Video Conferencing Available: Lewiston,
 Idaho Falls, Twin Falls, Boise
 Conference Call: 1.888.706.6468
 Participant Code: 830921

February 7, 2013

TOPIC	NOTES/DISCUSSION/ACTION
National Report and Discussion on Child Abuse and Neglect	The Council participated in a National Webinar provided by the Department of Health and Human Services that discussed the national data for child abuse and neglect.
Welcome and Introductions	Members: Amber Seipert, Beth Oppenheimer, Margaret Elkins, Cassie Stover, Carolyn Kiefer, Stan Burton, Gene Sue Weppner, Christy Cronheim, Lauren Ertz, Shannon Dunstan, Sara San Juan, Nancy Luevanos, Gary Rillema, David Allen, Ellen Neff, Paula Mason, Lorisa Wellock Staff: Lorraine Clayton, Theresa Pera.
Group Discussion on National Report	<p>In response to a question regarding the mandatory reporting laws of Idaho, the Council verified that Idaho is a mandatory reporting state. Carolyn Kiefer suggested a Work Paper number 12 by Jack Schonkoff with Harvard that describes child neglect. Lorraine has the link to the paper and will send it to the Council.</p> <p>Christy Cronheim mentioned that the current data in Child Welfare (CW) and Infant Toddler Program (ITP) has remained steady after an increase several years ago. A workgroup has been started to ensure that the CW staff understands the Child Abuse Prevention and Treatment Act (CAPTA) requirements that a child under three must be referred to ITP in all substantiated cases of maltreatment. Even in unsubstantiated cases it is suggested that a child be referred to the program. ITP is working on refining the new data system that will require an acknowledgement of where a referral comes from, and which services were rendered in each case. A data analysis has been requested from CW and ITP to compare the number of children that each program shows has been referred from CW. Cassie Stover asked if CW openly provides data to ITP. Christy acknowledged that CW and ITP share data without reservation.</p> <p>Amber Seipert mentioned that in Idaho not all cases of abuse and neglect are reported. Many times the third party reporting never makes it to the Department of Health and Welfare (DHW) and only stays within the legal system.</p> <p>Gary Rillema said that in Idaho Falls the Health District provides referrals to CW and Gary has the statistics for the area.</p> <p>Margaret Elkins is interested in prevention strategies instead of the data, and Idaho STARS is developing prevention strategies.</p> <p>ITP Staff frequently works with CW case workers in any substantiated case. There are no protocols in place but there are relationships on all levels that ensure collaboration between programs and each CW case worker knows who a child's ITP coach is.</p> <p>Nancy Luevanos suggested that a publicity campaign directed toward women that focuses on the connection between domestic violence and child abuse would be an effective tool to counteract child abuse.</p> <p>Lorraine mentioned that Dr. Paul McPherson with the St. Luke's CARES program has statewide data on abused children, and</p>

<p>Group Discussion on National Report Continued</p>	<p>there is a discrepancy between those numbers and those the Department has. Council staff still have the slides that Dr. McPherson discussed during his presentation, and can send them out.</p> <p>Amber asked the Council if there needs to be some action toward Nancy’s suggestion. Providing direction toward services is a way that the Council can help with the issues of Domestic Violence. Amber asked if there could be a public promotion to announce available services. Gene Sue Weppner promoted 2-1-1 as a tool for directing people toward services and noted that translators are available for many different languages. Many members said they did not know what 2-1-1 was until they were involved in a current position or the Council, others said they knew the service is available, but do not have a full understanding of it. Cassie asked if there is a compiled list of services that is available through 2-1-1. Amber wanted the conversation to be continued with Roger Sherman. The Council wishes to invite 2-1-1 to the May meeting to educate the Council on their services, and potentially see their marketing plan.</p>
<p>Video -- Simon Sinek on “Why”</p>	<p>The Council watched a video on YouTube of Simon Sinek presenting on <i>The Golden Circle</i>. The video is found at http://www.ted.com/talks/simon_sinek_how_great_leaders_inspire_action.html</p>
<p>Group Discussion on Video</p>	<p>Many of the committees have used this video to drive committee work. Many of the programs have been focusing on “why” their program is important.</p> <p>Amber asked how the Council can use this information. Ellen Neff said that the Council has to truly believe in the work that is being done, otherwise there is no credibility. She also asked how the Council reaches children with the greatest need. Shannon Dunstan said that there needs to be a “Universal Why”. Each program has their direction, but the direction is frequently fragmented, which does not provide a united front.</p> <p>Stan Burton said that developing a “Why” is important. However it is more important to make it meaningful to the people the Council needs to reach.</p>
	<p>Working Lunch/Networking</p>
<p>Early Brain and Child Development (EBCD)</p>	<p>Dr. Noreen Womack: A list of true and false statements was given to the Council to be answered before and after the presentation.</p> <ol style="list-style-type: none"> 1. The US Ranks in the top 10 countries for child well-being. 2. Tolerable stress may cause brain damage. 3. Adverse early Childhood Experiences (ACE) may cause an early death. 4. Idaho is a recipient of a Building Bridges among Health and Early Childhood Systems Grant. 5. The first 1,000 days of a child’s life includes the pre-natal period. 6. America has the fifth highest rate of prison inmates in the world. <p>Dr. Womack received a Building Bridges Grant from the American Academy of Pediatrics (AAP). The grant has three goals:</p> <ol style="list-style-type: none"> 1. Establish collaborative leadership for Early Brain and Child Development. 2. Disseminate the EBVD message. 3. Emphasize the importance of the “First 1,000 Days” across all Early Childhood Systems. <p>Twenty states received the grant. Dr. Womack and Lorraine Clayton went to Chicago to collaborate with the other grantees in January 2013.</p>

Early Brain and Child Development (EBCD) Continued	<p>The focus of the EBCD grant is to focus on the first 1,000 days of a child’s life, including pre-pregnancy and gestation, which offer a critical window for learning and social and emotional attachment, with rapid brain development that does not occur at any other time during a lifetime.</p> <p>The Council watched these two videos to support the grant. http://developingchild.harvard.edu/resources/multimedia/videos/three_core_concepts/brain_architecture/ http://www.zerotothree.org/child-development/early-childhood-mental-health/</p> <p>Dr. Womack discussed the statistics in America: some states project future prison needs based on third grade literacy data. The data from Idaho shows that 32% of fourth graders were reading at grade level in 2009. Idaho is at the bottom for the national undergraduate graduation rate and has had education funding reduced by 19% since 2008. The Council saw statistics for child well-being on an international scale.</p> <p>Dr. Womack discussed the different types of stress than can impact young children. There are three different types of stress.</p> <ul style="list-style-type: none">• Positive Stress, which is harmless.• Tolerable Stress. Which could affect brain structure but is usually benign.• Toxic Stress, which is strong, frequent and prolonged. <p>The Council watched this video on Toxic Stress. http://developingchild.harvard.edu/index.php/resources/multimedia/interactive_features/gene-expression/</p> <p>Toxic stress cannot be turned off and can result in permanent changes in gene expression, brain development and structure and behavior. Ultimately, toxic stress can affect adult behavior. Accurately defining toxic stress can be difficult. However, if adverse childhood experiences (ACE), which can include physical, sexual and/or emotional abuse, neglect and household dysfunction, are present, then toxic stress can be more easily defined. California surveyed volunteers regarding their early years. So far the incomplete study shows that there are risks that can affect health, social and emotional development that stem from childhood trauma.</p> <p>The treatment of toxic stress is therapy. However, the treatment can stop working after a while. Secondary treatment is focused on prevention and intervention, which can be accomplished by identifying those who are at risk and providing them with home visiting and parenting programs. This method requires screening, but minimizes the exposure and consequently the damage of toxic stress. Universal prevention teaches people to cope with stress and show that some stress is positive and can actively build resiliency.</p> <p>The goal of the EBCD grant is to work with Early Childhood programs and to build relationships with businesses and legislators and educate them about the importance of the first 1,000 days of life.</p> <p>Dr. Womack discussed <i>Reach out and Read</i>, a program that trains doctors and nurses to encourage early reading and share the importance of introducing reading in infancy, with the ultimate goal of reducing ACEs.</p> <p>The five R’s of the program are:</p> <ol style="list-style-type: none">1. <u>Read</u> together every day with your child.2. <u>Rhyme</u>, play and cuddle with your child every day.3. Develop <u>Routines</u>, particularly around meals, sleep and family fun.
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<p>Early Brain and Child Development (EBCD) Continued</p>	<p>4. <u>Reward</u> your child for successes to build self-esteem and promote positive behavior.</p> <p>5. Develop a strong and nurturing <u>Relationship</u> with your child as the foundation for their healthy development.</p> <p>The critical components of the ECCS are:</p> <ol style="list-style-type: none"> 1. Medical home 2. Early Care and Education 3. Social-Emotional development 4. Family Support Services 5. Parent education <p>Dr. Womack is happy to provide a presentation for anyone who would like to schedule a time. Additionally, the grant provides for an honorarium for individuals who would like to give the presentation to other groups.</p> <p>The EBCD grant is in its early stages and there has not been time to collect data. However, some work must be done by December 2013.</p> <p>Stan pointed out that fathers are only mentioned in a state of absence and suggested that the presentation include “Family” with more consistency.</p> <p>The Council asked if there had been any contact with the Legislature or Idaho Voices for Children to help accomplish the grant goals. Dr. Womack has had some preliminary contact.</p> <p>Christy thought that businesses could be a good advocate for these ideas. Amber suggested offering the presentation to “pre-parents” in high schools and making a connection with schools to teach kids how to care for children, starting with a pilot school. Stan suggested contacting the child development programs at the Universities. Ellen said that there is a similar program starting in the Twin Falls area High Schools and offered to provide an update when she knows more.</p>
<p>Children’s Healthcare Improvement Collaboration (CHIC) Update</p>	<p>Melissa Carico:</p> <p>Immunization Learning Collaborative: The Collaborative has been active since October 2012. There have been some identified successes; however, there are some opportunities for growth. Melissa provided data on the Collaborative that has been taken since October 2012 showing the documentation for visits has increased, and the rates of missed opportunities have decreased. Some opportunities for training have been presented with reminders and recalls with the Idaho Immunization Reminder System (IRIS). The rates are still low but new data will be available soon, for comparison.</p> <p>Mental Health Learning Collaborative: This Collaborative will include Medical Home aspects. The planning group has been organized and has established a regular monthly meeting schedule. The membership includes Physicians, Public Health, Pharmacy, Medicaid and Health Systems. The board has decided to focus on adolescent depression screening. The Collaborative will target Boise, Twin Falls, Pocatello, Rexburg and Idaho Falls. Registration and pre-kickoff work will start in May 2013 and the kickoff is set for September 2013.</p> <p>Idaho Health and Wellness Collaborative for Children (IHAWCC): IHAWCC is the multi-disciplinary leadership that will take responsibility for the continuity of the Collaborative after the grant cycle is finished. The members will be trained on all aspects of the program in order to maintain sustainability. IHAWCC has submitted an application to the American Academy of Pediatrics to be a portfolio sponsor.</p>

Break	
Treasure Valley Education Partnership (TVEP)	<p>Melissa Nickel: TVEP started as a committee in 2012 with the Superintendents of the Treasure Valley School Districts, and has eventually expanded to include a cradle-to-career focus on education reform. Melissa listed the members of the group, who act in a nonpartisan capacity and include leaders from every part of the community. Melissa covered the education statistics of the Treasure Valley: 60% of jobs will require a college degree by 2020. Approximately 90% of current students in high school graduate and of those about half continue on to college within a year of graduation. TVEP’s primary goal is “To coordinate the area’s existing resources and institutions to ensure at least 80% of Treasure Valley students go on to college and/or career/technical education by 2016.” The goal may be adapted to focus on children before they get to kindergarten to instill the importance of higher education at a younger age. Melissa shared the Vision and Mission that TVEP has adopted. There is some community support from local businesses that funds two part-time employees. TVEP has six focus areas; To ensure that every child:</p> <ol style="list-style-type: none"> 1. Is prepared for school 2. Is supported inside and outside school 3. Succeeds academically 4. Enrolls in and completes some form of post-high school education 5. Enters their career of choice 6. Is supported through meaningful career progression <p>TVEP is forming strategic working groups around each focus area. Christiane Lane (Lee Pesky Learning Center) and Beth Oppenheimer are heading Focus Area 1; this area is getting a quick start because of the data provided by school districts from the IRI scores. However, no other indicators are available, so they are being developed. To focus on Area 1 first, Census data will be analyzed to identify where children are, after IRI scores are analyzed, and then schools with the lowest scores will be identified and will be examined for their proximity to quality child care centers, which will define target areas by priority. The Charter for the group will be formed in March 2013. Afterward, a strategic action plan will be developed. Shannon offered the district data she has for the work that is being focused. Lorraine said that the Idaho Commission for Libraries is screening children in Child Care Facilities for literacy, and suggested that there are other forms of data being collected. For now, the work will be focused in the Treasure Valley. Sara San Juan suggested that Head Start could share data that they collect.</p>
Maternal Infant Early Childhood Home Visiting (MIECHV) Update	<p>Laura Alfani: The agencies under the program have hired 19 staff members, including 9 home visitors, who are all being funded through the grant. Through the end of 2012 there were over 100 families enrolled and 500 completed home visits in the four identified counties. The grant requires a rigorous Continuous Quality Improvement (CQI) process to measure participant outcomes, program outcomes and program processes, and requires that all outcomes must be integrated into business processes at both the state and local levels. Two strategies are being developed which focus on the development of the CQI strategies</p>

<p>MIECHV Update Continued</p>	<p>and implementation on a local level. Staff training will be available that will focus on data use and interpretation related to the CQIs. The training utilizes a toolkit that is being developed for all of the programs across the state. In March 2013 there will be training for Mental Health First Aid. Home visitors have encountered many families who suffer from mental health and substance abuse issues, resulting in an investigation on how to best serve those families. Amber asked if Laura had contacted the Regional Mental Health Boards, as they could be a collaborative partner for the training.</p>
<p>Home Visiting and Parent Education Committee Update</p>	<p>Gary Rifleman: The committee watched the same YouTube video that the Council watched (<i>The Golden Circle</i>), and has developed a “Why” statement. “We believe all Idahoans should have the best possible start in life that home visiting programs offer. Home visiting programs are important and an effective early intervention strategy in Idaho with emphasis on families with pregnant women, infants and young children who all deserve equal opportunities in education and emotional and cognitive development. Home visitation programs are proven to reduce societal costs spent on social welfare, mental health, juvenile corrections and family violence. Home visitation programs provide significant personal impact in participating families, providing them with increased independence and resiliency to forge brighter futures.” The committee hopes to inspire partners in the community and expand policies in order to expand home visiting beyond the work that MIECHV is doing. The Committee is focusing on a statewide idea to develop the “How” to support the “Why” statement that will expand home visiting in Idaho. Laura Alfani added that the group talked about a statewide assessment of home visiting systems currently in place that will help to develop the “How” of the committee.</p>
<p>Data and Resources Committee Update</p>	<p>Paula Mason: The committee has worked with TVEP, and invited them to present to the Council. During the last meeting, Angela Landing from Idaho Parents Unlimited (IPUL) spoke with the committee about the need for mental health services and the work being done in partnership with the Idaho Federation for Families (IFF). The committee has invited IFF and IPUL to speak to the Council on the work they are planning for May 2013. Representative King is beginning to research a piece of legislation that will require insurance companies to cover hearing aids for children. Currently only children on Medicaid can have their hearing aids covered, and families who do not qualify must pay out of pocket for them. Idaho Educational Services for the Deaf and Blind (IESDB) has been assisting Representative King with the data needed for the bill. The Data and Resources committee will invite Representative King to join a call to see what can be done to help.</p>
<p>Education and Childcare Committee Update</p>	<p>David Allen: The committee has discussed the revisions for <i>The Fundamentals of Working with Children</i> (FWC) and looked at five focus areas in the document. The main criticism of the FWC was the elevated language and the lack of cited sources. The committee discussed adding tiers into <i>Idaho’s Core Competencies</i> (ICC). The discussion went to the subject of tiers, and the committee decided that no editing work can be started until the tiers are defined. The first tier will be entry level, the second will be more of a CDA level and the rest of the tiers will progress educationally through five tiers. Julie Armstrong and Margaret Elkins offered to identify the first two tiers. David has reached out to the Higher Education Consortium to ask for their assistance in focusing on the higher tiers and they will meet soon, with the assistance of the Governance Committee who has agreed to fund the call. The committee looked at competencies from other states and it has helped to focus the</p>

Education and Childcare Committee Update Continued	work that needs to be done. No new content has been added as of yet, however, a domain was added to curriculum and environments. Julie Armstrong discussed training she received on Poverty 101 and she will be presenting to the Council.
Head Start Committee Update	<p>Sara San Juan: The committee did not meet in February 2013; however, they have decided to focus on a presentation at the Title One Conference in April 2013. Carolyn Kiefer, Frances Huffman and Sara will present on the Head Start story and the successful working collaboration between a school district and Head Start. Sara has asked directors statewide to send stories and pictures to make it a truly statewide presentation. Shannon would like to send some questions that can be added to the presentation to hopefully enforce collaboration. Sara would like to add TVEP to the committee scope to help support their work.</p>
Criminal History and Background checks	<p>Lorraine Clayton: Currently, background checks cannot be used for more than one entity. For example, an intern with ITP cannot use the same background check for a school district. Most entities use the Idaho State Police registry. The Department of Health and Welfare (DHW) has a registry for child protection but they are the only entity that uses it for state licenses or employees. External uses create a capacity issue within DHW. One State Legislator presented a question about multiple background checks to the Legislative body. Consequently State and Federal entities attended a meeting and determined that, because of F.B.I. regulations, a person can only use a background check for a single purpose. However, an entity can use one background check multiple times for different positions. David asked if a university could acquire a background check and have an interagency agreement with different agencies for students. Lorraine asked a similar question and was told no. Lorraine was given permission to look for other states who have found a way around the singular entity rule. Shannon said that even school districts require individual background checks.</p>
Oral Health Initiative	<p>Lorraine has been working with Mimi Hartman in the Division of Health at DHW on an Oral Health Initiative for young children and infants. The descriptors for the infant and young child initiative are an expansion of the state’s complete oral health plan. Families with children in ITP will be given oral health instruction and shown how to brush teeth for babies and toddlers, instilling the idea of “First Tooth, First Brush, First Visit.” Dr. Womack will take the initiative to pediatricians in the Treasure Valley to promote statewide. The Oral Health Alliance will purchase 3,000 toothbrushes to get the program started. Dr. Dan Watt, D.D.S. will be providing a presentation and training via video conferencing statewide. The participants will be offered an online self-learning course. Baseline data is available, and new data will be collected through the year. Lorraine is seeking more funding to sustain the program. Head Start in Twin Falls has developed some material in English and Spanish surrounding oral health. Lorraine and Mimi will examine these items for fidelity.</p>
Scholarship fund	<p>Three years ago, an endowed scholarship fund was started with the Idaho Community Foundation (ICF) that requires \$25,000 within 5 years. The current fund balance is \$8,000, and there are two years left to make up the difference before the balance reverts to ICF. The \$8,000 currently in the fund was raised by the Vista volunteers who fundraised for a year, with a raffle and</p>

Scholarship fund Continued	<p>some direct donations. Lorraine would like some direction on what should be done... Should the money be allowed to revert to ICF? Stan asked if there was a possibility for getting more Vistas or if there was a potential of getting corporate sponsors to match funds? Christy said that fundraising during the current economic environment will be difficult. Beth and Margaret suggested the possibility of collaboration with the Idaho AEYC's scholarship fund, since the money that has been raised cannot be taken out. Beth will look into adding to the fund from Idaho AEYC's fund to make the difference. The \$25,000 is endowed and stays with ICF even if the goal is not met. Scholarships would be paid out of the interest. Shannon suggested approaching the Universities who would benefit from the scholarship students. David suggested that Alumni with the Blended Certificate could be contacted to donate, through email. David will be presenting on a video during Friday's session, perhaps a link to the video could be included in these solicitation emails.</p>
Sustainability	<p>Lorraine had a Federal conference call, and the State Early Childhood Comprehensive Systems (SECCS) grant is in question again, although the funding status will not be known for another couple of months. In order to provide staff, the Council needs \$50,000 for one year for one staff member. In the event that the grant is not renewed, this amount represents salary costs only, and does not include operating costs. The funding expires on May 31, 2013, and a no-cost extension has been requested. The Office of Maternal and Child Health is invested in the grant. Sequestration and budget cuts are a concern. Christy will contact her Office of Special Education Programs (OSEP) representative. ITP is one agency required to have an Interagency Coordinating Council of some sort. Christy will ask how states that currently rely on the SECCS grant will function if it goes away. The Council is also required for Head Start Act, Home Visiting and other programs.</p>
Wrap Up/ Adjourn	

February 8, 2013	
TOPIC	NOTES/DISCUSSION/ACTION
Call meeting to order	Carolyn Kiefer, David Allen, Gary Rillema, Augda Burcher, Ellen Neff, Lorisa Wellock, Amber Seipert, Christy Cronheim, Melaine Shephard, Valerie Burgess, Sara San Juan, Shannon Dunstan, Lauren Ertz, Gene Sue Weppner, Nancy Luevanos, Stan Burton, Paula Mason, Lorraine Clayton, Theresa Pera, Laura Batchellor, Julie Armstrong, Roger Sherman, Rob Luce, LeAnn Simmons
Approve November 2012 Minutes	The minutes provided for review were not the correct ones. The minutes will be moved to the afternoon for approval.
Regional Early Childhood Committees (RECC) Update	<p>Lorisa Wellock: Each region is talking about membership, strengthening and approving their bylaws, and planning events. On March 4, 2013 a conference with Dr. Watt will discuss oral health care. The RECC Spring meeting will be held in Sun Valley on April 16, 2013, followed by the prevention conference hosted by the State Department of Education. Each region will send a chair and another member. Each region discussed having a Facebook Page and the chairs decided to bring the information back to the committees to be discussed and voted on.</p>
	LeAnn Simmons:

<p>Legislative Discussion</p>	<ul style="list-style-type: none"> • So far, few bills have been introduced that concern early childhood. However, Idaho Voices for Children (IVC) is supporting a bill that focuses on an Increase in reimbursement for foster care families. • IVC would like to see de facto guardians (relative care without becoming foster parents or establishing guardianship) be able to receive a Temporary Assistance for Needy Families (TANF) grant. Gene Sue said they just need to apply for the funds. Many times de facto guardians do not have legal rights and frequently are taking care of children because of parental drug and alcohol abuse. The bill would grant guardians legal rights for the children they care for, allowing them to enroll children in school, seek medical attention, and enroll children in an IEP, while leaving parental rights intact. • IVC was approached by a parent about hearing aids for children. Medicaid will cover hearing aids, but private insurance does not. Lauren said that Medicaid is not required to cover them. Christy mentioned that ITP focuses on Medicaid for hearing aids for children in the program. A concern was raised that Legislators could decide to stop covering hearing aids under Medicaid since private insurance will not cover them. • The 3rd grade reading initiative will be bringing Ron Fairchild to present on April 11, 2013 (Pocatello in the morning and Twin Falls in the afternoon), and April 12th in Boise. The presentations will address what can be done to impact 3rd grade reading. The 3rd Grade Reading Initiative feels that getting children to grade level by 3rd grade is too late, and will try to focus on grade level reading for earlier grades. • A childhood hunger/nutrition coalition will focus on ending hunger and childhood obesity. The Nutrition piece will be the main focus for the group. A facilitator will help the group focus and develop a plan. This is a statewide coalition and is not part of a collaborative effort of other programs. This coalition will not focus on exercise. • There is a hearing on Health and Welfare Committee on Medicaid expansion and on insurance exchange. The Education Committee is holding a hearing on education reform on Monday, February 11, 2013 from 4-6pm. LeAnn is promoting attendance so there can be testimony on the importance of early childhood development. If attending is not an option, written testimony to members of the committee is always welcome.
<p>Idaho Educational Services for the Deaf and Blind (IESDB) Update</p>	<p>Paula Mason: IESDB was working with Infant Toddler Program (ITP) to align definitions for hard of hearing, deaf, visually impaired, and blind to match state statute. The eligibility criteria between the two programs has also been aligned, so a child that would be eligible for one program would be eligible for the other. IESDB is working on a flowchart for support services with ITP which will help staff from each entity to work closely together. The flowchart will be available to staff soon.</p>
<p>Poverty 101</p>	<p>Julie Armstrong: Dr. Donna Beegle is the President for Communication Across Barriers (CAB) and a national expert on poverty. She grew up in generational poverty, the child of migrant workers, and is the only one in her family who has not been incarcerated. She was a young single mother and had been homeless. At 26 she was able to get into a transitional program where she earned her GED. She received mentoring guidance and went to community college. Within 10 years she obtained her PhD. She now is working to spread the message of how to assist those who live in poverty to move out of poverty. The main focus for the program is Maslow's hierarchy of needs. With basic needs unmet, it is hard to move to full realization of leaving poverty. Statistically 2/3 of people in poverty work 1.7 jobs, which does not leave time for them to focus on improving their situation,</p>

<p>Continued</p>	<p>beyond meeting their basic needs. CAB is working with higher education entities in Oregon to better educate teachers on how to work with poverty-stricken families.</p> <p>Dr. Beegle defines poverty in 4 classes;</p> <ul style="list-style-type: none">• Generational. Typically these people see themselves as lower class citizens and not as good as other people. People in immigration poverty take on the same mentality if they live as such for long enough.• Working class• Immigrant. These people do not see poverty as their fault. They feel that the blame rests with the system.• Situational <p>The current assistance systems are focused on people who are in situational poverty, and are only a quick fix. There are no long-term tools to help people to get out of poverty. The impacts of poverty include a lack of a defined need for education and many lack the role models or expectation to show the benefits of education. Those in poverty lack social capital, jargon, vocabulary or connections, and are frequently ostracized by America's societal class structure, which causes a sense of hopelessness and isolation. Expectations for a person's life are limited by life experiences. Oral culture is essential to poverty-stricken people. Property comes and goes, so personal relationships are important. There are characteristics of generational poverty that need to be understood in order to assist and facilitate change. Typically persons in generational poverty will rely on each other instead of using printed information or other resources. Those in generational poverty tend to be more spontaneous and learn new skills or information when presented in a variety of ways that includes repetition and interactive learning. Storytelling and repeating is important for learning and maintaining knowledge. Societal stigma is frequently misunderstood by impoverished people. Behaviors unacceptable to those who are not in poverty are normal behavior to those who are in poverty. For example, interrupting people is not considered rude; it is simply a way to get more information out. Print culture is targeted to those who are in the middle class. Print culture is more linear and organizes information in a pattern, and provides for abstract understanding. Professionals going into communities should present themselves as a person. Communities of this nature focus more on people and personalities, and provider-to-person is not an effective way of communicating. CAB advocates mentoring for poverty education by offering an Opportunity Community Conference, where Dr. Beegle goes into a community and trains someone to mentor a person in poverty for one year. She also trains community navigators, who are from community organizations, on poverty issues. Those who have been trained are brought together to talk about barriers that keep people in poverty and the skills to help them. The training is focused on clients' strengths instead of weaknesses. After training they are assigned to mentor someone to set and achieve goals, with the ultimate goal of moving out of poverty. The training emphasizes the importance of suspending judgment and showing those who are mentored what makes them unique and special. Christy asked if the curriculum being developed would be available for other entities, and would like to make it a part of the requirements for new staff. Julie has asked, and training development is not complete yet. Julie has materials from the training and would be willing to share the information. Amber suggested offering the training for RECC in May 2013. Lorraine asked David and Ellen if there was a possibility of developing a course that is reflective of the training. Ellen will talk to the Region 5 RECC about sponsoring Julie to provide the training.</p>
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<p>Welfare</p>	<p>Gene Sue Weppner: Welfare: The Division of Welfare is completely engaged in the Affordable Care Act (ACA). The method of computing eligibility for Medicaid is done on tax and filing status and has no focus on income. The definition of a household is defined by tax filing status. The system must be modified to accommodate the Modified Adjusted Gross Income (MAGI) and it will use the tax documents to determine eligibility. All of the other programs will use income to determine eligibility. Another requirement of the ACA is that by January 2014 there must be a 24/7 online portal where people can apply for, and keep track of, their services. The Legislature has delayed deciding whether Medicaid will expand or Idaho will go with the Health Exchange. Either way, the requirements will be ready.</p>
<p>Food Stamps</p>	<p>Food Stamps: There have been few changes; however, there is some legislation being brought forward that could stagger the issuance of food stamps instead of once a month. This would come at a cost to the Department.</p>
<p>Ford Foundation</p>	<p>Ford Foundation: The work of the grant is still continuing. The funding focused on changes to the child care program. The progress of the plan to make all services more accessible for clients is being monitored. The Ford Foundation funds a temporary person who has been assigned to look at online portals in other States to help create a template for Idaho.</p>
<p>Idaho Child Care Program (ICCP)</p>	<p>ICCP: The analysis on the co-pay structure has just been completed and adapted. A parent will now pay a percentage of their income, instead of a percentage of their care costs. This update will cost around \$2 million per year more than the current program. About 70% of the individuals served would see a reduction of costs. About 20% of parents will see a small increase. The Department will analyze the markets in each region. The goal is to make the market rate simpler and to have fewer than seven markets based on type of child care provider, region, and quality of care. The goal is to have the new system in place by the end of the summer 2013. With the new billing structure, more families may see it as a realistic form of assistance, sending more parents into school or work, potentially creating a capacity issue, which may create the need for a waiting list or rejecting clients. The Division is working on a consumer campaign to educate parents on star-rated providers. Ideally this will impact a parent's decision to choose star-rated providers and eventually provide an incentive for providers to acquire star ratings. The Division is trying to create a tiered reimbursement as an additional incentive for providers to obtain a star rating. Lorraine asked if incentives being were offered to centers who take children with special needs. Gene Sue said that there are no plans for that incentive as there are too many variables.</p>
<p>Discussion of promoting the Blended Certificate</p>	<p>David Allen: A group of communication majors is interested in producing a video on the Blended Certificate for their senior project. They decided to promote the Blended Certificate because, as a whole, it is not well understood throughout the state. The video will be a documentary on special needs and services in the state of Idaho. After the video is done, it will be offered on</p>

	<p>YouTube and Blogs that will welcome public comments. The students are supposed to give the video to someone after completion. David suggested that the EC3 may be an appropriate housing entity for the video. The video will profile three individuals with disabilities; a toddler, a preschooler and an adolescent, and their families. The students will also interview specialists in the field and someone who recently graduated with an Early Childhood Blended Certificate. Sara believes that there is enough representation on the council to distribute the video in the present network. Ellen Neff, "I would make a motion that we accept this, even if it is premature." The Council agrees to provide input and is interested in the end product. If the final product is approved, the Council would be an appropriate housing entity. The video will be available on public websites. Nancy would volunteer for the video if they need participating families.</p>
Break	
<p>Electronic Technology in Early Childhood</p>	<p>Stephanie Bailey-White: Stephanie provided three documents for the Council's consideration. One provides resources and the National Association for the Education of Young Children (NAEYC) statement on interactive media and early childhood programs. There is some information from Dr. Bruce Perry on screen media, and other PowerPoint presentations on screen media and young children's social and cognitive development. There is also a document entitled <i>Pioneering Literacy in the Digital Wild West</i> that highlights the Commission for Libraries' Day By Day literacy program. Stephanie provided a list of resources that the Idaho Commission for Libraries is offering that are available at lili.org.</p>
<p>Infant Toddler Program (ITP) Update</p>	<p>Christy Cronheim: The Annual Progress Report (APR) as part of the State Performance Plan (SPP) and public reporting data that goes to the Office of Special Education (OSEP) is due February 15, 2013. The Federal Fiscal Year (FFY) always runs from July 1 through June 30. The reports are in the final stages and available on the ITP website. The APR was made available to the Infant Toddler Committee and they provided some comments, and the Governance Committee has provided their approval of the APR and SPP. Christy provided data that shows improvement in the numbers of families and children being served and that the goals set with the collaboration of OSEP are being met. There are fourteen indicators that have to be reported on, Christy reported on seven of them.</p> <ol style="list-style-type: none"> 1. Timely Services: ITP is required to offer services within a specified time frame after the Individual Family Service Plan (IFSP) is written. For FFY 2012 ITP is at 97.3% compliance. Shannon asked about the data for FFY 2010 and FFY 2011, which showed lower compliance levels. Christy explained that there was a region that was not using the data system so the data shows a lower compliance. The region was provided technical assistance to get their data in compliance. 2. Natural Environments: This is a results indicator that is focused with OSEP guidance. IFSPs are designed to include a child's natural environments, although it is not always mandatory for a child to receive services in a natural environment. A child's IFSP is reviewed biannually to ensure that the services provided are done so in the best interest of the child. Prior to FFY 2010, compliance was difficult due to contractor's unwillingness to travel. A lot of work has been done to work with the contractors to bring the compliance within acceptable parameters. Now contracts have natural environments written into them, so more providers are traveling to provide services. 3. Child Outcomes: For this indicator, the state gets to choose the outcomes. Idaho has chosen:

<p>Continued</p>	<ul style="list-style-type: none"> • Positive social-emotional skills • Acquisition and use of knowledge and skills • Use of Appropriate behaviors to meet their needs <ul style="list-style-type: none"> • ITP clients are assessed at intake and again at their exit from the Program, to measure outcomes. For FFY 2013, the goal is to refine the process to make it more meaningful and hence provide productive data. The report will reflect that ITP is complying with the goals and is meeting and exceeding their targets. <p>4. Birth through 1: ITP noticed a reduction in this population's numbers in past years. During the last results visit from OSEP this was the focus area Idaho chose to pursue for an indicator. ITP developed a statewide, formalized plan with OSEP's assistance, and compliance is maintained with quarterly calls. There are now hub-specific plans in place to keep the population's numbers increasing. These plans are designed with the hub's needs in mind. In FFY 2012 the goals set have thus far been exceeded.</p> <p>5. Birth through 3: similar to those in Birth through 1, but includes all of the children that ITP serves. This indicator is showing an increase of percentages that are coming close to the goals that have been set.</p> <p>6. 45-day IFSP indicator: this is a compliance indicator that requires the Program to complete an IFSP within 45 days of referral. The data shows a steady increase of compliance. For the first half of FFY 2012, the program is at 97.2%. Additionally, the program tracks the number of days that IFSPs take to complete.</p> <p>7. Transition: this is a compliance indicator. This indicator surrounds the exit strategies for ITP clients to either the school districts or entrance to Part B of Individuals with Disabilities Education Act (IDEA). The data has shown an increase in compliance since 2009. It was determined that any identified noncompliance was a localized issue instead of a systemic one.</p> <p>OSEP is looking at compliance indicators and how to measure results with updates and visits. The SPP for FFY 2012 may see some changes from compliance indicators to performance evaluations.</p> <p>Public hearings were held on February 4, 2013 for the Federal application, the new IDEA Part C regulations, and the changes in definitions of deaf and hard of hearing, which did not result in any comments. The new data system is nearly into user acceptance testing, which means contractors in the field will be testing the program for functionality and if it meets the needs of the program. The goal is to have the program implemented by March 2013.</p> <p>Carolee Eslinger has accepted a position with the Mountain Plains Regional Resource Center, and ITP has started looking for her replacement.</p> <p>ITP has also teamed up with the Idaho Commission for Libraries (ICfL) on two projects. Sixteen libraries throughout the state will be receiving gently used computers to help promote the screening indicator tools and help promote ITP services to families.</p> <p>The Books To Go program is a collaborative effort with ITP, ICfL and EC3 to lend books to families. The books will be brought by a home visitor and the contractor will swap out the old books for new ones at each visit.</p>
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<p>The work that the Council does</p>	<p>Amber Seipert: There has been some attention surrounding the amount of work and coordinating that the Council does. A diagram was projected to show the coordination and impact of efforts that occurred just during the meeting.</p> <p>Lorraine Clayton: The diagram has captured the connectedness of the Council. The graph reflects the agencies that have presented and the connections that have been made. The second circle shows messaging. As reflected yesterday, it needs to be a common message. Carolyn noticed that the chart does not show or reflect policy is being affected. Lorraine mentioned that each committee is focusing on policy for different areas. The representation at the table shows and represents connectivity. Stan suggested that after the Legislative session some Legislators be invited to attend a carefully-focused meeting.</p>
	<p>Working Lunch/Networking</p>
<p>Children’s Redesign</p>	<p>Lauren Ertz: The objectives of the redesign have been the focal point for the overhaul.</p> <ul style="list-style-type: none"> • Increase opportunities for family involvement including a Family-Directed Services option <ul style="list-style-type: none"> • The Department is trying to empower families to make decisions regarding what is best for their children. • Not replace supports already available such as parents, schools, and churches <ul style="list-style-type: none"> • Maintaining the support that children have is crucial for child wellbeing. • Eliminate conflicts of interest present in current system <ul style="list-style-type: none"> • Eliminating conflicts is a matter of separating out services to determine what is best for the child. • Assure all therapy services are based on evidenced-based practice <ul style="list-style-type: none"> • Evidence-based practice is a major focus so that children are getting the best service for them. • Include options for support services in addition to therapy <ul style="list-style-type: none"> • Adding support to therapy assures positive outcomes. • Assure program changes don’t result in increased cost <ul style="list-style-type: none"> • The redesign has remained cost neutral. <p>Ultimately the goal of children’s system redesign is to create an improved array of Medicaid benefits that will create a better continuum of care to address the needs of all children with developmental disabilities.</p> <p>Redesign services have evolved to include Support, Respite, Parent Training and Therapy. Shannon asked what qualifications a parent trainer has. The trainer must have a human services baccalaureate degree and additional coursework in child development and learning theory. The family education services can be provided in a group setting, however, Family training is an individualized training.</p> <p>Budget Methodology can be intimidating for families, and children could potentially receive fewer hours of services, but the quality is greater. There are different types of services that families can choose for their children.</p> <p>Implementation: The Idaho Administrative Procedures Act (IDAPA) rules have passed the house and senate. The amendments and waivers have been approved by the Centers for Medicare and Medicaid Services (CMS). Children’s Developmental Therapy, Intensive Behavioral Intervention (IBI) and Service Coordination will end on June 30, 2013.</p>

<p>Children’s Redesign Continued</p>	<p>The new name for Service Coordination will be Case Management.</p> <p>Darcy Nesor: There are 113 families that have transitioned into the Family Directed Plan of the 600+ families who have transitioned into the new system. Family Directed Service Process is when a family is able to write their own plan to design their own services within an approved spectrum. Because there is no need for a case manager, children could potentially receive more services. The budget and eligibility is the same as the more traditional options. If a family chooses to be their own case manager there are trainings for the parents. There is a general information meeting that all parents are required to take before they decide what services they want. If a parent chooses to act as their own broker, they must attend a Guide Training that teaches them how to be employers and is offered on an individual basis. When a parent becomes their own support broker position, they must qualify and become an employer for all of the service providers. The qualifications include passing a background check through the DHW Criminal History Unit, being at least 18 years of age, and having skills and knowledge typically gained by completing college courses and community classes or workshops that count toward a degree in the human services field (IDAPA 16.03.13.135.b). DHW has been offering workshops for parents to meet this goal. The parents need to have at least 2 years verifiable experience with the target population and knowledge of services and resources in the developmental disability field (IDAPA 16.03.135.c) which can include parenting a child with a documented disability.</p> <p>There are currently 207 support brokers and there are trainings every month, although they can be canceled due to a lack of enrollees. There are also Guild Trainings every month and those are filling up quickly. Each region has support for families who choose the family-directed option.</p> <p>The role of the Fiscal Employer Agent includes tracking money, and employer duties which can include payroll and budgeting. A family could choose to engage a Community Support worker, who is anyone who meets the qualifications. Selected services are being tracked and many have been focused on habilitative supports.</p>
<p>State Department of Education (SDE) Update</p>	<p>Shannon Dunstan:</p> <ul style="list-style-type: none"> •SDE is looking for proposals to identify platforms, either web-or cloud-based, for Individual Education Plan (IEP). Companies are asked to submit a letter of interest in presenting a proposal. School districts have been able to choose and maintain their own platforms, which has resulted in an interfacing issue with the Idaho System for Educational Excellence (ISEE). The new platforms must interface with ISEE and schoolnet. The platform will be identified by June 2013, and selected districts will pilot the program for the 2013-14 school year, with the rest of the districts implementing for 2014-15. A cloud-based system will allow an IEP to move between districts in electronic form, reducing paperwork and the potential for loss. This new system will also be beneficial for the indicators that the SDE is required to report on. •Early Childhood IEPs will be updated in the 2013-2014 school year to include Child Outcomes and mirror the K-12 IEPs that will make transitioning on the child’s 6th birthday more fluid. The new IEP process was piloted in 17 districts and the program is now ready for implementation. These new IEPs will provide more accurate data for SDE. Idaho is one of three states that will embed early childhood outcomes into IEPs with a verification component. •Because Idaho does not fund preschool programs for nondisabled students, SDE is being required to set Least Restrictive Environments (LRE) baseline data for 3-5 year olds, including 5 year olds who are in kindergarten and have not yet turned 6.

<p>SDE Update Continued</p>	<p>50.4% of students with disabilities are receiving services in special education placements. The goal for the next year is to increase the presented baseline data by 1%. To define LREs, a child must attend a regular early childhood program and receive the majority of special education services and related services in the program. This indicator represents 41.4% of the children served, and includes children in Head Start. The next indicator is that the child attends a separate special education class at a different facility, including home services. Those students make up 50.4% of the children served. SDE is trying to establish definitions of typically developing children. The LRE definition is only good for one year and it will be rewritten next year. Shannon asked that the Council assist with solid definitions for the next requirements. Amber asked if the May 2013 meeting would be an appropriate time. Shannon will not get guidance on the requirements until later in the year or 2014, so the May agenda will be premature. In December 2012 some Council members attended a webinar that showed all of the numbers and provided some input to help with the goal.</p>
<p>Family And Community Services (FACS) Update</p>	<p>Rob Luce: Rob applauded the commitment of the Council for the work and dedication they provide. Rob supports responsoring legislation that would recodify the Council. FACS is in charge of Child Welfare and collaborates closely with Idaho Children’s Trust Fund and Developmental Disabilities. There have been a lot of Administrative practice changes, and concentration on the Children’s Benefit Redesign.</p>
<p>Head Start Collaboration (HSC) Update</p>	<p>Carolyn Kiefer: The Early Years 2012 Conference was largely successful and there was great feedback from attendees. There were 327 attendees, with 17% from Head Start, 22.5% from school districts, 38.5% from DHW and a variety of other entities. There were 34 breakout sessions and four keynote speakers. Jim Gill was the favorite presenter, based on the feedback from attendees. The Early Learning Guideline work is continuing, and they have been aligned with the K-12 core standards. They have been updated with new research and the edits have been submitted. Dr. Janice Fletcher will be reviewing them for content strength and consistency. Shannon Dunstan and Carolyn are rewriting the Interagency Agreement between Head Start and the State Department of Education regarding referrals for special education services.. Carolyn is part of a national committee that is working on taking the Strengthening Families framework and the National Head Start Parent and Community framework (which have a lot of commonalities) to strengthen child abuse prevention and how to impact family relations.</p>
<p>Head Start Association (HSA) Update HSA Update</p>	<p>Stan Burton: Local: The theme for the January 2013 member meeting was “Reaching Out”. Participants learned how connected systems are, beyond Head Start. The participants asked that these items be brought back to the Council: celebrating in-home advocates, promoting the Head Start message, RECC funds do make a difference, connectedness is important and, professional development is important. Federal: There is a lot of speculation surrounding the funding and sequestration. HS is not supporting sequestration. An article from Huffington Post suggests there is a plan to develop a pre-k program for children 3 or 4 years old, up to 200%</p>

Continued	of poverty. The new system would integrate preschool into the existing k-12 system and focus more on academics using a 10-year project to add four year olds to public education funding and have younger children fall under Head Start.
Child Safety Initiative (CSI) Update	<p>Roger Sherman: The group came to a realization that the Hospitals were not doing as much as was originally thought and that there are very few programs providing any prevention strategy with any fidelity. The group decided to host a Call to Action (CTA) on March 11, 2013 in connection with the Idaho Children’s Trust Fund training. Roger covered the discussed itinerary for the CTA. Dr. Paul McPherson will be presenting to the group to provide an overview of the issues. The CTA will avoid promoting any single program, but will focus on research. Brandi Whaley did some research in some other states and one did a similar summit. The CTA will be three hours. The goal is to get new voices from different vocations and professions.</p>
Child Welfare (CW) Update	<p>Valerie Burgess:</p> <ul style="list-style-type: none"> • Last year CW asked for an increase in foster care payments from the Legislature, only to receive half of the requested increase. This year CW will ask for the other half. Even if the increase is approved, Idaho will still be in the lowest 5 of all of the states. • Steve Sparks is the new Child Welfare program specialist; he will be focusing on child wellbeing. The defining aspects of wellbeing will be education, mental and physical health, substance abuse, trauma-informed services, and poverty. • Idaho has been chosen to be a part of a federal pilot as a part of the Continuous Quality Improvement (CQI) process. The pilot will include a tool that will allow a state to self-assess their process. The processes being assessed include interviewing foster families and providers, internal communications, data collection, and external partner communications. The last process shows the most room for improvement. The Department needs to collect data-based feedback and determine how the data can provide targets for goals. Idaho received an award for having the most efficient system with the least amount of funding.
Idaho Association for the Education of Young Children (IAEYC) Update	<p>Gene Sue Weppner: Idaho STARS has discontinued the mentor program and reinvested the same effort into local resource and referral agencies, consultants and individuals in local offices who will be going out and spending time with providers. Idaho STARS is looking at quality rating and STAR rating system and trying to make the programs more accessible to providers. Additionally, the goal is to simplify the Quality Rating and Improvement System for providers, which will include defining a star-rated facility at a basic level. After that there will be room for growth.</p>
Wrap Up/ Adjourn	<p>Shannon asked if the May 2013 meeting will be held virtually again. The Governance Committee will evaluate the idea. The Council is welcome to submit any comments to Lorraine and Theresa.</p>
	<p>Next Meeting: May 2 & 3, 2013</p>